

RADIO LICENSE APPLICATION FOR FIXED, MOBILE, OR AIRMOBILE STATIONS								
SECTION I								
Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification	FCC Call Sign	CAP Call Sign			Class of Station <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Air Mobile			
Unit Name and Charter Number				Unit Mailing Address				
Name (Last, First, Middle)	Grade	CAPSN	Date of Next Membership Renewal					
Mailing Address	Telephone H: W:			ROP Card Number				
FOR MOBILE STATIONS								
Area of Operations		Complete Address Where Mobile/Aircraft is Stored						
FOR FIXED STATIONS								
Street Address		City, State, Zip				Latitude		
						Longitude		
Ground Elevation of Transmitter Site AMSL		Name & Distance to Closest Landing Area _____ Feet _____				Elevation of Landing Area AMSL		
Will antenna be mounted on a building or similar structure? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of structure _____ Height _____ Feet If yes, how much does the antenna increase the height of the structure? _____ Feet If no, give the height of total antenna structure including the tip of the antenna. _____ Feet								
SECTION II. TYPES OF EQUIPMENT								
Mode	Freq	Make	Model	SN	Power	Wing	Sq	Mbr

